



FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
MPP Final Expenditure Report Invoice/Completion Report

Due Date: May 15, 2006

LEAD AGENCY			COUNTY-DISTRICT CODE EIN NUMBER
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	CONTACT E-MAIL
ADDRESS		STATE MO	ZIP CODE

DIRECTIONS

MAIL OR FAX (573) 522-5085 THE COMPLETED FORM TO: EARLY CHILDHOOD EDUCATION, MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102-0480
FOR PROGRAM-RELATED QUESTIONS, CONTACT EARLY CHILDHOOD EDUCATION: (573) 751-2095
FOR PAYMENT QUESTION CONTACT FINANCIAL MANAGEMENT; PH: (573) 751-4420

BUDGET CATEGORIES	Site 1 Operational	Site 2 Operational	10% Community Set-aside Operational	Site 1 Start-up	Total Expenditures
6100: SALARIES					
6200: BENEFITS					
6300: PURCHASED SERVICES					
6400: MATERIALS/ SUPPLIES					
6500: CAPITAL OUTLAY					
ADMINISTRATION					
ACTUAL EXPENDITURE TOTALS					

AMOUNT RECEIVED TO DATE (For New Programs this number should be the total of your Start Up Funds and Operational Funds)

AMOUNT REQUESTED
(Actual Expenditures *Minus* Amount Received To Date)

I, the undersigned, as official representative of the Lead Agency, certify the Lead Agency to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

FOR DESE USE ONLY

Encumbered with DPR#:

Transaction ID:

Vendor Number:

Authorized Signature: _____ Date: _____

Early Childhood Staff Approval: _____ Date: _____



FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
MPP Supplemental Final Expenditure Report Invoice/Completion Report (If applicable)

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SECTION I – ON GOING PROFESSIONAL DEVELOPMENT (New and Expanding Programs and Professional Development Programs).
INCLUDE ONLY PROFESSIONAL DEVELOPMENT ACTIVITIES THAT WERE PROVIDED WITH MPP FUNDING AND WERE REPORTED ON PAGE 1 AND 2, BUDGET INFORMATION.

	LEAD AGENCY	10% COMMUNITY SET ASIDE
1. THE NUMBER OF PROGRAMS THAT WERE PROVIDED WITH FEES FOR ACCREDITATION DURING THIS PROGRAM YEAR.	<input type="checkbox"/> NAEYC <input type="checkbox"/> MO ACCREDITATION	<input type="checkbox"/> NAEYC <input type="checkbox"/> MO ACCREDITATION
2. THE NUMBER OF PROGRAMS THAT HAVE ACHIEVED ACCREDITATION DURING THIS PROGRAM YEAR.	<input type="checkbox"/> NAEYC <input type="checkbox"/> MO ACCREDITATION	<input type="checkbox"/> NAEYC <input type="checkbox"/> MO ACCREDITATION
3. THE NUMBER OF TEACHERS/ASSISTANTS THAT WERE TRAINED IN A CURRICULUM DURING THIS PROGRAM YEAR.	<input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT	<input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT
4. THE NUMBER OF TEACHERS/ASSISTANTS WHO COMPLETED CDA TRAINING DURING THIS PROGRAM YEAR.		
5. THE NUMBER OF TEACHERS/ASSISTANTS WHO RECEIVED COLLEGE TUITION ENROLLED IN T.E.A.C.H. MISSOURI DURING THIS PROGRAM YEAR.		
6A. THE NUMBER OF TEACHERS/ASSISTANTS WHO RECEIVED OTHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES DURING THIS PROGRAM YEAR.		
6B. THE NUMBER OF PROGRAMS THAT WERE INVOLVED IN THE ABOVE PROFESSIONAL DEVELOPMENT ACTIVITIES DURING THIS PROGRAM YEAR.		
7. ALL OF THE ABOVE PROFESSIONAL DEVELOPMENT ACTIVITIES WERE PROVIDED WITH MPP FUNDS AND HAVE BEEN REPORTED ON PAGE 1 AND 2, BUDGET INFORMATION.	<input type="checkbox"/> YES	<input type="checkbox"/> YES
8. BRIEFLY DESCRIBE TWO OR THREE SUCCESSES THAT HAVE OCCURRED WITHIN THE MPP PROGRAM AND IN THE COMMUNITY AS A DIRECT RESULT OF THE MPP FUNDING. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED.		

<p>REFER TO CHILD CARE LICENSE FOR THIS INFORMATION.</p> <p>CHILD CARE LICENSE NUMBER _____</p> <p>LICENSE IS EFFECTIVE THROUGH _____</p>	<p>ACCREDITING SOURCE (ATTACHMENT A)</p> <p><input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NAEYC ACCREDITATION</p> <p>IF YES, ACCREDITATION IS EFFECTIVE THROUGH _____</p>
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Please include only those children served through MPP funds. This page should include no more than 20 FULL day slots **or** no more than 40 HALF day slots. Half Day programs must combine the morning and afternoon classes when reporting these numbers. The number of children can exceed the number of slots to accommodate turnover in students throughout the year.

1A. NUMBER OF MPP CHILDREN WHO WERE 3 BEFORE AUGUST 1ST.						<input type="checkbox"/> HALF DAY OR <input type="checkbox"/> FULL DAY	<input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> LESS THAN 12 MONTHS
1B. NUMBER OF MPP CHILDREN WHO WERE 4 BEFORE AUGUST 1ST.							

(Please see guidelines for explanation of abbreviations)

1C. NAME OF LEAD TEACHER	SALARY OF THE LEAD TEACHER IS FUNDED:		
	<input type="checkbox"/> FULLY WITH MPP	<input type="checkbox"/> PARTIALLY WITH MPP	<input type="checkbox"/> NOT FUNDED WITH MPP

TEACHER QUALIFICATIONS: PUBLIC SCHOOLS ☐ EC ☐ ECSE ☐ 4CD
OTHER THAN PUBLIC SCHOOLS ☐ CDA ☐ PCD ☐ ACC

- **WAS THE MPP TEACHER ENROLLED IN T.E.A.C.H. EARLY CHILDHOOD® MISSOURI:** ☐ YES ☐ NO
- **THE MPP TEACHER HAS COMPLETED ONE OF THE FOLLOWING CURRICULUM TRAININGS:**
☐ HIGH SCOPE ☐ CREATIVE CURRICULUM ☐ PROJECT CONSTRUCT
- **THE MPP TEACHER HAS COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING?** ☐ YES ☐ NO

1D. NAME OF TEACHER ASSISTANT	SALARY OF THE TEACHER ASSISTANT IS FUNDED:		
	<input type="checkbox"/> FULLY WITH MPP	<input type="checkbox"/> PARTIALLY WITH MPP	<input type="checkbox"/> NOT FUNDED WITH MPP

TEACHER ASSISTANT QUALIFICATIONS: PUBLIC SCHOOLS ☐ HSV ☐ CDA ☐ PCD ☐ ACC ☐ 60 HRS
OTHER THAN PUBLIC SCHOOLS ☐ 2 YEARS

▪ **WAS THE MPP TEACHER ASSISTANT ENROLLED IN T.E.A.C.H. EARLY CHILDHOOD® MISSOURI:** ☐ YES ☐ NO

▪ **THE MPP TEACHER ASSISTANT HAS COMPLETED ONE OF THE FOLLOWING CURRICULUM TRAININGS:**
☐ HIGH SCOPE ☐ CREATIVE CURRICULUM ☐ PROJECT CONSTRUCT

▪ **THE MPP TEACHER ASSISTANT HAS COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING?** ☐ YES ☐ NO

YEAR ONE REQUIREMENTS:

- ☐ ACQUIRE SELF STUDY MATERIALS
- ☐ REVIEW SELF-STUDY MATERIALS
- ☐ CONDUCT PRELIMINARY INTERNAL REVIEW OF PROGRAM
- ☐ INFORM PARENTS OF INTENT TO PURSUE ACCREDITATION
- ☐ DEVELOP CLASSROOM AND PROGRAM GOALS FROM RESULTS OF PRELIMINARY INTERNAL REVIEW
- ☐ **ATTACH THE FOLLOWING INFORMATION:**
 - ☐ A BRIEF NARRATIVE IDENTIFYING THE TIME AND PROCESS FOR NOTIFYING PARENTS OF THE PROCESS
 - ☐ A BRIEF NARRATIVE OF THE RESULTS OF THE PRELIMINARY INTERNAL REVIEW
 - ☐ GOALS DEVELOPED AS A RESULT OF THE INTERNAL REVIEW

YEAR TWO REQUIREMENTS:

- ☐ REVIEW GOALS
- ☐ CONTINUE TO COMMUNICATE WITH PARENTS ABOUT THE ACCREDITATION PROCESS
- ☐ IMPLEMENTATION OF IMPROVEMENTS/CHANGES
- ☐ **ATTACH THE FOLLOWING INFORMATION:**
 - ☐ A NARRATIVE OF THE IMPLEMENTATION PLAN

YEAR THREE REQUIREMENTS:

- ☐ COMPLETE SELF STUDY MATERIALS
- ☐ SUBMITTED NOTIFICATION OF INTENT (FOR NAEYC ACCREDITATION ONLY)
- ☐ SUBMITTED SELF STUDY MATERIALS
- ☐ **ATTACH THE FOLLOWING INFORMATION:**
 - ☐ ACCREDITATION CERTIFICATE

ADDITIONAL YEARS REQUIREMENTS:

- ☐ SUBMIT RENEWAL PACKET (IF APPLICABLE)
- ☐ **ATTACH THE FOLLOWING INFORMATION:**
 - ☐ ACCREDITATION CERTIFICATE

**REPLACE
THIS PAGE
WITH REQUIRED
INFORMATION**

SECTION III - PARENT EDUCATION/INVOLVEMENT (New and Expanding Programs Only)

1A. NUMBER OF MPP FAMILIES WHO RECEIVED AT LEAST ONE PERSONAL VISIT DURING THIS PROGRAM YEAR.

B. TOTAL NUMBER OF PERSONAL VISITS PROVIDED DURING THIS PROGRAM YEAR.

EXAMPLE: 10 FAMILIES X 5 PERSONAL VISITS = 50 TOTAL PERSONAL VISITS.

2A. NUMBER OF MPP FAMILIES WHO ATTENDED AT LEAST ONE PARENT/TEACHER CONFERENCE DURING THIS PROGRAM YEAR.

B. TOTAL NUMBER OF PARENT/TEACHER CONFERENCE OFFERED DURING THIS PROGRAM YEAR.

EXAMPLE: 10 FAMILIES X 2 PARENT/TEACHER CONFERENCES = 20 TOTAL PARENT/TEACHER CONFERENCES.

3A. NUMBER OF MPP FAMILIES WHO ATTENDED AT LEAST ONE GROUP MEETING DURING THIS PROGRAM YEAR.

B. NUMBER OF GROUP MEETINGS PROVIDED DURING THIS PROGRAM YEAR.

4A. NUMBER OF MPP FAMILIES INVOLVED IN PARENT CHILD ACTIVITIES DURING THIS PROGRAM YEAR.

B. NUMBER OF PARENT CHILD ACTIVITIES OFFERED DURING THIS PROGRAM YEAR.

5A. NUMBER OF MPP FAMILIES WHO VOLUNTEERED TIME IN THE CLASSROOM DURING THIS PROGRAM YEAR.

SECTION IV – CHILD INFORMATION (New and Expanding Programs)

1. INDICATE THE NUMBER OF CHILDREN WHO EXITED THE PROGRAM DURING THIS PROGRAM YEAR BY THE APPROPRIATE EXPLANATION.

_____ ELIGIBLE FOR KINDERGARTEN IN THE FALL

_____ PAYMENT ISSUES

_____ MOVED

_____ OTHER _____

SECTION V– STUDENT EVALUATION (New and Expanding Programs)

1. PLEASE CHECK THE EVALUATION TOOL(S) USED FOR MPP CHILDREN.

☐ PORTFOLIOS

☐ OBSERVATIONAL CHECKLIST

☐ WORK SAMPLING

☐ CHILD OBSERVATION RECORD

☐ PROJECT CONSTRUCT ASSESSMENT

☐ OTHER: _____

SECTION VI – PROGRAM EVALUATION (New and Expanding Programs)

1. THE PROGRAM IS EVALUATING SERVICES USING THE FOLLOWING:

☐ MOVING ON TOGETHER TECHNICAL ASSISTANCE

☐ MPP SELF-MONITORING REPORT

☐ RATE OF STAFF PARTICIPATION IN PROFESSIONAL DEVELOPMENT

☐ PARENT QUESTIONNAIRE

☐ RATE OF PARENTS PARTICIPATION IN PARENT EDUCATION/INVOLVEMENT ACTIVITIES

☐ OTHER: _____

2. AS A RESULT OF THE EVALUATION, THE FOLLOWING CHANGES ARE NEEDED: